



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2007 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$38.92	\$20.28	10/1/2007
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$92.39	\$45.78	10/1/2007
97001	PHYSICAL THERAPY EVALUATION	\$72.58	\$72.58	10/1/2007
97002	PHYSICAL THERAPY RE-EVALUATION	\$38.61	\$38.61	10/1/2007
97003	OCCUPATIONAL THERAPY EVALUATION	\$78.04	\$78.04	10/1/2007
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$46.76	\$46.76	10/1/2007
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$4.85	\$4.85	10/1/2007
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$14.25	\$14.25	10/1/2007
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	\$14.12	\$14.12	10/1/2007
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$14.50	\$14.50	10/1/2007
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$7.18	\$7.18	10/1/2007
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$15.71	\$15.71	10/1/2007
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$5.24	\$5.24	10/1/2007
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$4.85	\$4.85	10/1/2007
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$5.94	\$5.94	10/1/2007
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$15.80	\$15.80	10/1/2007
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$21.59	\$21.59	10/1/2007
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$14.00	\$14.00	4/1/2006
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$11.67	\$11.67	10/1/2007
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$23.84	\$23.84	10/1/2007
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$11.72	\$11.72	5/1/2005
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$27.51	\$27.51	10/1/2007
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$28.65	\$28.65	10/1/2007
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$32.57	\$32.57	10/1/2007
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$24.18	\$24.18	10/1/2007
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$22.03	\$22.03	10/1/2007



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97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$15.83	\$15.83	5/1/2005
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	\$25.62	\$25.62	10/1/2007
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$17.28	\$17.28	10/1/2007
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER	\$29.08	\$29.08	10/1/2007
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING,	\$24.03	\$24.03	10/1/2007
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$25.58	\$25.58	10/1/2007
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$29.43	\$29.43	10/1/2007
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY	\$26.71	\$26.71	10/1/2007
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	\$27.10	\$27.10	10/1/2007
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	1/1/1993
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	BR	BR	1/1/1993
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$52.34	\$43.02	10/1/2007
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$65.51	\$55.02	10/1/2007
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON- SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	1/1/2001
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$29.06	\$29.06	10/1/2007
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR	\$33.48	\$33.48	10/1/2007
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$31.03	\$31.03	10/1/2007
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$27.90	\$27.90	10/1/2007
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$29.03	\$29.03	10/1/2007
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	10/1/1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$31.37	\$30.98	10/1/2007
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$28.17	\$28.17	10/1/2007
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$15.02	\$15.02	10/1/2007
98940	CHIROPRATIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$25.16	\$20.89	10/1/2007



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98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$34.52	\$29.86	10/1/2007
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$45.38	\$40.33	10/1/2007
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$23.01	\$19.90	10/1/2007
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	BR	BR	1/1/2004
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	BR	BR	1/1/2004
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH	\$225.67	\$225.67	10/1/2007
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$28.17	\$28.17	10/1/2007
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$15.02	\$15.02	10/1/2007